Fill in this in	formation to identify	y your case:		
Debtor 1	Robert	J.	Titus	
20210, ,	First Name	Middle Name	Last Name	
Debtor 2	Helena	M.	Titus	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the:	Eastern District	t of Pennsylvania	
Case number	19-17728-AM	(C		
(If known)				

Check if this is:

An amended filing 12/04/2020

A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106l

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1			Debtor 2 or non	-filing sp	ouse		
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employ ☑ Not em			☑ Employed ☐ Not employed	d			
Include part-time, seasonal, or self-employed work.									
Occupation may include student or homemaker, if it applies.	Occupation					erkiomen School			
	Employer's name				<u>District</u>		***		
	Employer's address				2228 Eastrock Road				
		Number Street			Number Street				
					Pennsburg	PA	18073		
		City	State	ZIP Code	City		ZIP Code		
	re?			1.3 years					
art 2: Give Details About	Monthly Income								

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$ 0.00 \$ 1,902.00

\$ 0.00 \$ 1,902.00

\$ 1,902.00

Entered 12/07/20 08:40:38 Case 19-17728-amc Filed 12/07/20 Doc 106 Desc Main Page 2 of 2 Document , 19-17728-AMC **Titus** J. Robert Case number (if know Debtor 1 Last Name For Debtor 1 For Debtor 2 or non-filing spouse 2,253.00 0.00 Copy line 4 here..... 5. List all payroll deductions: 578.00 0.005a. 5a. Tax, Medicare, and Social Security deductions 0.000.00 5b. Mandatory contributions for retirement plans 5b. 0.00 0.00 5c. 5c. Voluntary contributions for retirement plans

☑ Yes. Explain:								
13. Do you expect an increase or decrease within the year after you file this	form	7				pdf		monthly incom
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S						ne. 12.		\$_4,698.00 Combined
Specify:						11.	+	\$
friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are								
Include contributions from an unmarried partner, members of your household, y			dents, your roo	mmat	es, a	nd other		
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Scheen	10 Jule			L			J	
10. Calculate monthly income. Add line 7 + line 9.	40	\$	2,794.00	₊ ቨ	<u> </u>	1,904.00	j	\$_4,698.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	2,794.00	ſ	\$_	0.00		
8h. Other monthly income. Specify: 2019 tax refund (\$2,085/12)	8h.	+\$	174.00	4	⊦ \$	0.00		
8g. Pension or retirement income	8g.	\$_	0.00		\$	0.00		
Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Foster Care / SNAP	ice 8f.	\$_	840.00		\$	230.00		
8f. Other government assistance that you regularly receive	00.	Ψ_			-			
8d. Unemployment compensation 8e. Social Security	8d. 8e.	\$_ e	0.00		\$ <u> </u>	0.00		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	1,780.00		\$	0.00		
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	nt							
8b. Interest and dividends	8b.	\$_	0.00		\$	0.00		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_	0.00		\$	0.00		
8a. Net income from rental property and from operating a business, profession, or farm								
8. List all other income regularly received:								
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00		\$	1,674.00		
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$_	0.00		\$	0.00		
5h. Other deductions. Specify:	5h.	+\$_	0.00	+	\$	0.00		
5g. Union dues	5g.	\$_	0.00		\$	0.00		
5f. Domestic support obligations	5f.	\$_	0.00		\$	0.00		
5e. Insurance	5e.	\$_	0.00		\$	0.00		
5d. Required repayments of retirement fund loans	5d.	\$_	0.00		\$	0.00		